



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

SAUL M. KILSTEIN  
DIRECTOR

QUAKERBRIDGE PLAZA  
CN 712  
TRENTON, NEW JERSEY 08625-0712

**MEDICAID COMMUNICATION NO: 91-8**

**DATE: February 27, 1991**

**TO: County Welfare Agency Directors**

**SUBJECT: Transportation of Medicaid Recipients**

The enclosed material provides updated information concerning the transportation of Medicaid recipients, including excerpts from the New Jersey Administrative Code:

1. **Transportation Services Manual, 10:50-1.6**

Please note that, in accordance with 10:50-1.6(b)2, transportation service is reimbursable by Medicaid only when a Medicaid recipient is transported for the purpose of obtaining a Medicaid-covered service.

2. **Services covered by the New Jersey Medicaid Program, 10:49-1.4**

3. **Medical Transportation Guidelines, revised 1/91**

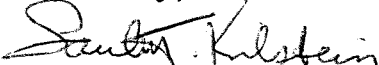
**ACTION:** Please discard Social Services Informational Transmittal Letter No. 79-3-1 dated March 5, 1979. The new Medical Transportation Guidelines, revised 1/91, update and clarify Medicaid's transportation policies and contain non-substantive revisions in text.

4. **NJ TRANSIT's Annual Report for Fiscal Year 1990 entitled "Senior Citizen & Disabled Resident Transportation Assistance Program"**

The report contains important information that will assist you in arranging transportation services for elderly and disabled individuals. Please utilize the systems described in this report to the extent possible when arranging transportation services for Medicaid recipients who are either ambulatory or wheelchair bound.

Questions regarding this communication should be referred to the Medicaid District Office serving your area or to Mr. Peter K. Rosswaag of my staff at (609) 588-2631.

Sincerely,

  
Saul M. Kilstein,  
Director

SMK:R

Enclosure

c Marion Reitz, Director  
Division of Economic Assistance

Nicholas Scalera, Acting Director  
Division of Youth and Family Services

(b) Transportation service provided to a Medicaid recipient is reimbursable by the New Jersey Medicaid Program under the following conditions only:

1. The medical care provider/facility to which and/or from which the recipient is being transported either participates as a provider in the Medicaid program or meets the requirements for participation as a provider in the Medicaid program; and
2. The medical service rendered to the recipient by the provider/facility is a covered Medicaid service (as listed in N.J.A.C. 10:49-1.4) at the time the transportation is provided.

(c) Reimbursement is not permitted when a Medicaid recipient is transported:

1. For the purpose of obtaining a non-Medicaid-covered service, such as a service that is primarily educational, vocational, or social in nature;
2. From home to a medical day care center or the reverse;  
or
3. From a medical day care center to any service provided indirectly by a medical day care center.

## 10:49-1.4 SERVICES COVERED BY THE NEW JERSEY MEDICAID PROGRAM

- (a) New Jersey Medicaid individuals are eligible for covered services when the services are provided in conjunction with Program requirements specifically outlined in the second chapter of each service manual; however, for Medically Needy individuals some Medicaid services are not available or are only available to certain eligible Medically Needy groups (see (b) below). Any limitations imposed will be consistent with the medical necessity of the patient's condition as determined by the attending physician or other practitioners and in accordance with standards generally recognized by health professionals and promulgated through the New Jersey Medicaid Program.

The covered services listed below, in alphabetical order, are available to the regular Medicaid population:

1. Chiropractic services;
2. Christian Science Sanatoria care and services (See Hospital Services Manual);
3. Clinic services (independent outpatient health care facility, other than hospital which provides services such as Mental Health, Family Planning, Dental, Optometric, Ambulatory Surgery, etc.);
4. Dental services;
5. Early and Periodic Screening, Diagnosis and Treatment for individuals under age 21 (EPSDT): A periodic preventative health care program for persons under age 21 designed for early detection, diagnosis and treatment of correctable abnormalities. This Program supplements the general medical services otherwise available;
6. Family Planning services;

7. HealthStart Maternity and Pediatric Care Services include packages of comprehensive services provided by independent clinics, hospital out-patient departments, local health departments meeting New Jersey Department of Health Improved Pregnancy Outcome Criteria, physicians, and nurse midwives, either directly or through linkage with other HealthStart care providers. (See N.J.A.C. 10:49-3 for information about HealthStart Services and provider requirements for participation.)
8. Hearing Aid services;
9. Home Care services (Home Health Care and Personal Care Assistant services);
10. Hospital services - Inpatient
  - i. Acute Care Hospitals
  - ii. Institutions for mental diseases: Limited to persons age 65 or older and children 21 years of age and under;
11. Hospital services - Outpatient;
12. Laboratory (clinical) and Radiological services;
13. Long-Term Care services (Skilled Nursing Facilities, Intermediate Care Facilities, Intermediate Care Facilities for the Mentally Retarded and Residential Treatment Facilities);
14. Maternity Care Services under HealthStart means a package of comprehensive maternity care services including two components -- Medical Maternity Care and Health Support Services. (See N.J.A.C. 10:49-3 for information about HealthStart Services and provider requirements for participation.)

15. Medical Day Care services;
16. Medical Supplies and Equipment;
17. Mental Health services;
18. Nurse-midwifery services;
19. Optometric services;
20. Pediatric Care Services under HealthStart means a comprehensive package of pediatric services. (See Subchapter 3 of this chapter for information about HealthStart Services and provider requirements for participation.)
21. Pharmaceutical services;
22. Physician's services (M.D. and D.O.);
23. Podiatric services;
24. Prosthetic and Orthotic Devices;
25. Rehabilitative services (Payments are made to eligible Medicaid providers only. No payment is made to privately practicing therapists.);
  - i. Physical therapy, as provided by a home health agency, independent clinic, long term care facility, or hospital outpatient department or in a physicians office.
  - ii. Occupational therapy, as provided by a home health agency, independent clinic, long term care facility, or hospital outpatient department.

- iii. Speech-Language Pathology services, as provided by a home health agency, independent clinic, long term care facility, or hospital outpatient department.
  - iv. Audiology services provided in the office of a licensed specialist in otology or otolaryngology, or as part of independent clinic or hospital outpatient services.
26. Transportation services which include ambulance and invalid coach service, or other transportation through the County Welfare Agency/Board of Social Services, when such service is not free and available in the community, and when use of any other method of transportation is medically contraindicated.
- (b) Regular Medicaid services are available to Medically Needy individuals except for the following services which are not available or are only available to certain eligible Medically Needy groups: (See the service code next to the individual's name on the Medicaid Eligibility Identification Card to ascertain the Medically Needy group under which the individual's eligibility was established; i.e. Group A - pregnant women, Group B - needy children, and Group C - aged, blind and disabled.)
- 1. Chiropractic services are available only to pregnant women (Group A).
  - 2. EPSDT services are not available to any Medically Needy group.
  - 3. Hospital services (inpatient) are available only to pregnant women (Group A).
  - 4. Long-term care services are not available to any Medically Needy group.

5. Medical day care services are available only to pregnant women, the aged, the blind and the disabled (Groups A and C). Medical day care services provided in a hospital-based facility are not available to any Medically Needy group.
6. Pharmaceutical services are available only to pregnant women and needy children (Groups A and B).
7. Podiatric services are available only to pregnant women, the aged, the blind and the disabled (Groups A and C).
8. Rehabilitative services are not available for reimbursement when provided through a hospital or long-term care facility, except to pregnant women as part of their inpatient hospital services.





STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Medical Transportation Guidelines

MODES OF SERVICE

1. Transportation services available without cost to the general public must also be made available without cost to Medicaid recipients and Title XIX (Medicaid).
2. Volunteer groups and non-profit agencies should be used to the extent possible, including, but not limited to, Senior Citizen Organizations, Area Agencies On Aging, and American Red Cross chapters.
3. If neighbors, friends, relatives or voluntary organizations have been providing transportation services to a Medicaid recipient, it is reasonable to expect them to continue except in extreme changed circumstances or evident hardship.
4. If free transportation is not available, the least expensive mode of transportation suitable to the Medicaid recipient's medical needs must be used.
5. The County Welfare Agency (CWA) may provide transportation in a county-owned and staffed vehicle, or may arrange for transportation utilizing the following modes of service: privately-owned vehicle, taxi, train, bus, plane, other public conveyance, and paratransit vehicle through NJ TRANSIT's Senior Citizen and Disabled Resident Transportation Assistance Program.

DESTINATION

1. Transportation service provided to a Medicaid recipient is reimbursable by Medicaid (Title XIX) only when the medical service received by the recipient is a Medicaid-covered service, as listed in N.J.A.C. 10:49-1.4, at the time the transportation service is provided.
2. Eligible transportation costs for Medicaid recipients who are required to make regular visits to medical facilities outside the immediate community are reimbursable only if the required services are not available within the community.

## Medical Transportation Guidelines

### AUTHORIZATION

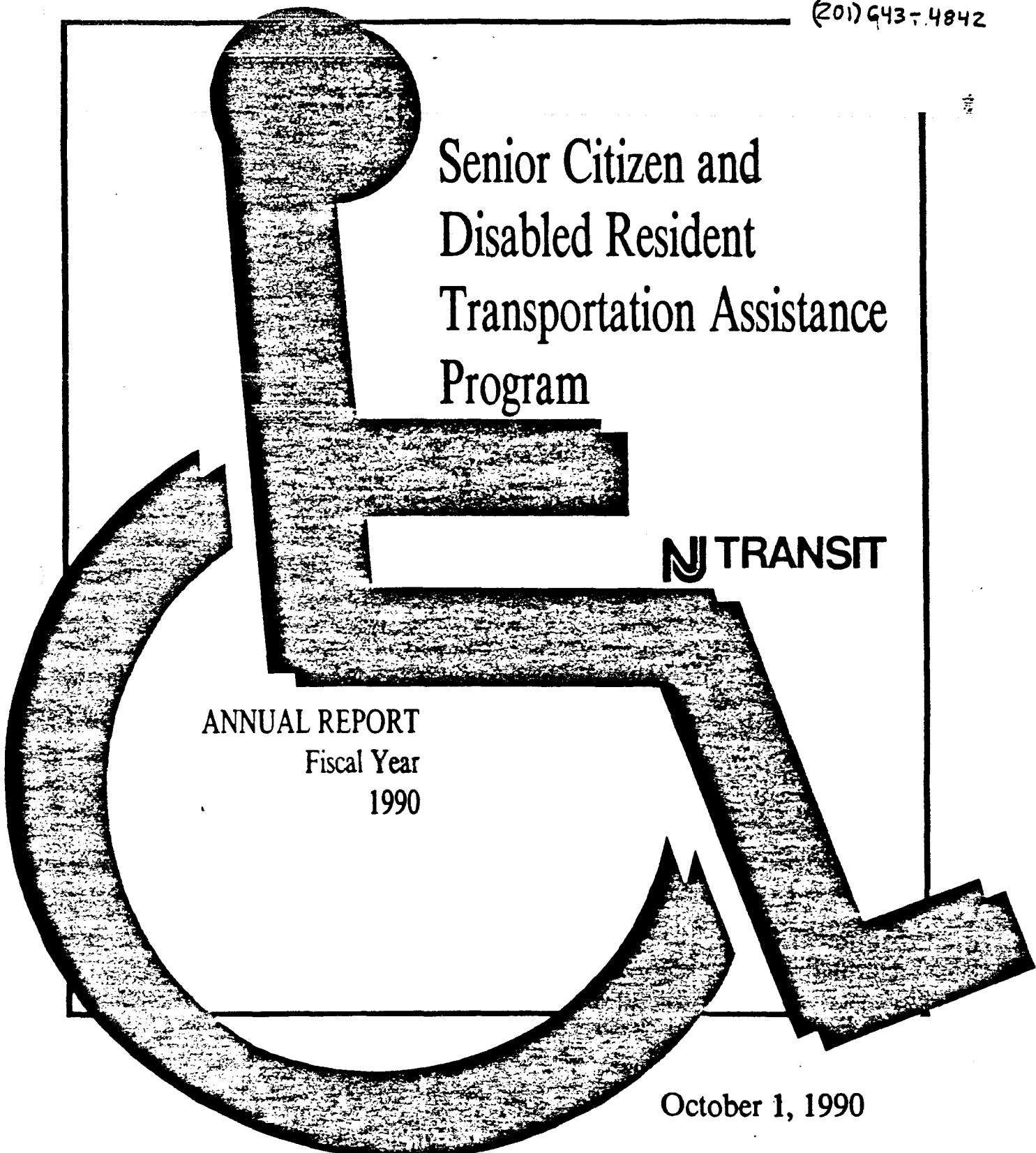
1. It is important that lines of communication be established between the CWA and the appropriate Medicaid District Office (MDO). Medicaid recipients who are able to travel by paratransit, taxi, bus, etc. should be referred by the MDO to the CWA. Likewise, Medicaid recipients who require a higher mode of service should be referred by the CWA to the MDO.
2. Authorization from the CWA must be obtained by the recipient or provider before transportation services are rendered.
3. Authorization from the MDO must be obtained by the recipient or provider before transportation services are rendered to distant, out-of-state destinations, as well as any unusual, non-routine destinations.
4. Post-service authorization may be granted only in emergency situations.

### REIMBURSEMENT

1. Transportation services provided to non-Medicaid recipients cannot be claimed for Medicaid (Title XIX) reimbursement.
2. Reimbursement rates may be established in a variety of ways, including, but not limited to, a bid/contract basis, a per-trip or per-recipient basis, a unit cost basis, or a vehicle hour or vehicle mile basis. Reimbursement for mileage is limited to the number of miles accrued while the recipient is actually in transit.
3. Related travel expenses, when authorized by the MDO, may include overnight lodging and meals en route for the recipient and, if medically necessary, the cost of an attendant to accompany the recipient.
4. Reimbursement for "no shows" is allowable when the recipient, without proper notification to the CWA or to the transportation provider, does not utilize a scheduled transportation service for which the agency or transportation provider incurs an expense. The recipient, however, must be informed that future cancellations must be made known to the CWA or the provider in advance of the scheduled service.

Complete copies available,

(201) 643-4842

A large, stylized wheelchair symbol, rendered in a grainy, high-contrast black and white style. It is positioned on the left side of the page, partially overlapping the title text.

# Senior Citizen and Disabled Resident Transportation Assistance Program

**NJ TRANSIT**

ANNUAL REPORT  
Fiscal Year  
1990

October 1, 1990